**Application for Leave of Absence during Term Time**

This form should be completed **AT LEAST SIX WEEKS** before the date when you want the period of absence to start. A separate application must be completed for each child.

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| Name of School |  |
| Pupil’s full name |  |
| Address |  |
| Form / Class Name |  |
| Date of Birth |  | Year Group |  |
| **Period of Absence** |
| From |  | To |  |
| Number of school days |  | Return to School date |  |
| **Absence**(if request is for a family holiday, please explain the exceptional circumstances why it MUST be in term time) |
| **For more information: centralbedfordshire.gov.uk - Schools and education - Pupil support - School attendance - Holidays in term time** |
| Name |  | Relationship to pupil |  |
| Signed |  | Date |  |

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| **Please indicate if your child has siblings in our feeder schools:** |
| Arnold AcademyHarlington Upper SchoolParkfields Middle SchoolRamsey Manor Lower SchoolWestoning Lower School | Chalton Lower SchoolEversholt Lower SchoolGreenfield & Pulloxhill Lower SchoolsHarlington Lower SchoolSilsoe Lower SchoolSundon Lower SchoolToddington St George C of E School |

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| **SCHOOL ACTION**Current Attendance: ................. | Previous holidays checkedLiaise with feeder schools prior to decision/authorisationHeadteacher informedSupporting evidence required |

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| **Decision Regarding Request for Leave of Absence in Term Time** |
| Number of days requested |  |
| Absence request authorised |  |
| Absent request unauthorised |  |
| Absent request can be partly authorised |  |
| Reason for decision |  |
| Signed by Headteacher |  |